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123 Summit Terrace  
Rosemont, PA 19010-1321  
Phone (610) 527-6391  
Fax (610) 527-6408  
Email donforest@snip.net  
March 24, 2000

Ms. Freda Connelly  
Refund Officer  
Office of Finance  
U.S. Patent and Trademark Office  
Box 16  
Washington, DC 20231

Re: Refund in Application No. 08/506,032, GAU 2774

Dear Ms. Connelly:

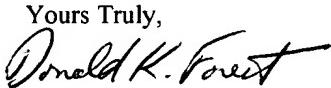
I am writing to request a refund for PTO overcharges to my deposit account 061553.

The PTO made three charges to my deposit account, detailed below, in the large entity amount. I am a small entity applicant, as established by the enclosed copy of the Verified Statement Claiming Small Entity Status, and should have been charged the small entity amount. Please send a check payable to me to the address above for the amount of the total overcharge, \$190 + \$245 + \$150 = \$585.

Enclosed please find a copy of:

1. the Verified Statement Claiming Small Entity Status filed in the above application;
2. the Filing Receipt for the above application acknowledging small entity status;
3. the Monthly Statement of Deposit Account 061553 dated 6/30/99 showing a charge on 6/15/99 for the above application for fee code 216 in the amount of \$380, an overcharge of \$190;
4. the Monthly Statement of Deposit Account 061553 dated 8/31/99 showing a charge on 8/27/99 for the above application for fee code 117 in the amount of \$490, an overcharge of \$245;
5. the Monthly Statement of Deposit Account 061553 dated 9/30/99 showing a charge on 9/22/99 for the above application for fee code 120 in the amount of 300, an overcharge of \$150.

If you have any questions about this request, please call me at the number above.

Yours Truly,  
  
Donald K. Forest  
Applicant

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U.S. PATENT AND TRADEMARK OFFICE

<b>VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(n) &amp; 1.27(b))--INDEPENDENT INVENTOR</b>		Docket Number (Optional)									
<p>Applicant or Patentee: <u>Donald K. Forest</u></p> <p>Serial or Patent No.: _____</p> <p>Filed or Issued: <u>Filed</u></p> <p>Title: <u>DATA ENTRY METHOD AND APPARATUS</u></p>											
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:</p> <p><input type="checkbox"/> the specification filed herewith with title as listed above.</p> <p><input checked="" type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input type="checkbox"/> No such person, concern, or organization exists.</p> <p><input type="checkbox"/> Each such person, concern or organization is listed below.</p> <p>Separate verified statements are required from each named person, concern or organization having rights to the invention according to their status as small entities. (37 CFR 1.27)</p> <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><u>Donald K. Forest</u></td> <td style="width: 33%; padding: 5px;"><u>NAME OF INVENTOR</u></td> <td style="width: 33%; padding: 5px;"><u>NAME OF INVENTOR</u></td> </tr> <tr> <td style="padding: 5px;"><u>Donald K. Forest</u></td> <td style="padding: 5px;"><u>Signature of inventor</u></td> <td style="padding: 5px;"><u>Signature of inventor</u></td> </tr> <tr> <td style="padding: 5px;"><u>Signature of inventor</u></td> <td style="padding: 5px;"><u>Date</u></td> <td style="padding: 5px;"><u>Date</u></td> </tr> </table>			<u>Donald K. Forest</u>	<u>NAME OF INVENTOR</u>	<u>NAME OF INVENTOR</u>	<u>Donald K. Forest</u>	<u>Signature of inventor</u>	<u>Signature of inventor</u>	<u>Signature of inventor</u>	<u>Date</u>	<u>Date</u>
<u>Donald K. Forest</u>	<u>NAME OF INVENTOR</u>	<u>NAME OF INVENTOR</u>									
<u>Donald K. Forest</u>	<u>Signature of inventor</u>	<u>Signature of inventor</u>									
<u>Signature of inventor</u>	<u>Date</u>	<u>Date</u>									

## FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
08/506,032	07/24/95	2609	\$1,758.00		67	81	22

DONALD K FOREST  
209 CROYDON AVE  
ROCKVILLE MD 20850-4145

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

## Applicant(s)

DONALD K. FOREST, ROCKVILLE, MD.

## CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF PCT/US95/03591 03/27/95

FOREIGN FILING LICENSE GRANTED 09/15/95  
TITLE

DATA ENTRY METHOD AND APPARATUS

\* SMALL ENTITY \*

PRELIMINARY CLASS: 345



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